

complished by the restraining influence of publicity, as well as by the ready means furnished by subjecting an offender to punitive discipline," and held the law violated.

If the use of such a name in an advertisement in connection with the practice of medicine is improper, so certainly would be the use of the name of a deceased licentiate.

Very truly yours,

EARL WARREN, *Attorney-General*.

By LIONEL BROWNE (Signed), *Deputy*.

SPECIAL ARTICLES

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CALIFORNIA HEALTH RECORDS BROKEN IN 1938

Death rates for typhoid fever, tuberculosis and diphtheria were reduced measurably in 1938 and it would appear that these rates may be approaching an irreducible minimum. The control of typhoid fever constitutes a typical example of the results that may be achieved through the application of standard practical measures that make use of the principles of engineering, sanitation and preventive medicine. In 1906, 32 out of every 100,000 people living in California died of typhoid fever, and in 1938 the death rate was 0.83 per 100,000 population. While the most outstanding reductions in deaths from these diseases occurred prior to 1920, there have been marked decreases since that year. In 1920 the typhoid case rates was 32.8 and the death rate was 4.9, as compared with a case rate of 7.1 in 1938 and a death rate of 0.83.

Let it be remembered that California is dependent largely upon surface streams for public water supplies and surface streams are much more liable of pollution than underground sources. Great vigilance must be observed, therefore, in the protection of public water supplies taken from surface sources. The fact that California has achieved a typhoid rate, under the circumstances, that is comparable to similar rates in states where sources are found mostly in underground supplies, may be considered a matter of pride to state and local health organizations.

Public water supplies are adequately protected and outbreaks due to contaminated milk supplies seldom occur at this time. The custom of irrigating vegetables with water from contaminated sources has been eliminated. However, Mexicans and Orientals commonly drink water from open ditches and other polluted sources. Local health officers occasionally find typhoid carriers and measures are instituted promptly to prevent occurrence of cases of disease through contact with carriers. Group cases occur occasionally but not often. Most cases are sporadic.

The large body of efficient local health officers scattered throughout the state have been trained in their duties and are alert in their activities to prevent the occurrence of cases of this disease. Public water supplies are treated so as to prevent the occurrence of illness through any contingency of contamination that might occur. Safeguards are thrown up everywhere and with the present machinery running efficiently, it is unlikely that an epidemic of typhoid

fever will occur anywhere except in the extreme rural districts.

The State Department of Public Health has led these activities through its sanitary engineering, sanitary inspection, and epidemiological functions. The Bureau of Sanitary Engineering, organized in 1915, approves of all plans for disposal of public sewage and for the provision of public water supplies. The Bureau of Sanitary Inspection directs many of its activities toward the protection of domestic water supplies and the abatement of faulty practices in domestic sewage disposal. The Bureau of Epidemiology assists local health officers in diagnosis, epidemiological investigations including detection of carriers and the control of cases of this disease.

Under state leadership, local health departments throughout the state have been instrumental in bringing about the conquest of this disease and they may well be proud of their achievements in practically ridding California of a preventable disease that occurred commonly twenty-five years ago. In the annals of the state's health history, no record is more outstanding than that of typhoid fever control.

DIPHTHERIA

The record in diphtheria control is almost as outstanding as that of typhoid fever control. In 1920 the state's diphtheria case rate was 164.1 per 100,000 population and the death rate was 12.8. In 1938 the diphtheria case rate was 24.3 and the death rate was 1.4. The decreases in the incidence and mortality from this disease have been steady throughout almost two decades, and the results achieved have come through the use of immunization procedures and extension of activities in public health education. More difficulties are encountered, naturally, in the control of a disease that is dependent upon the application of preventive measures upon the individual rather than upon the environment. Typhoid fever has been controlled largely through the correction of environmental conditions while diphtheria has been controlled through education and the application of immunization upon individuals.

In spite of the difficulties encountered, local health officers have been able to apply preventive measures, in their respective territories. The death rate of 1.4 per hundred thousand for this disease in 1938 indicates the efficiency of the program for the control of this disease and the thoroughness with which it is conducted. It was not so many years ago that diphtheria was the greatest scourge of childhood.

INFANT MORTALITY

Since 1920 the California infant mortality rate has been almost cut in half. In 1920 the rate was 75.0 per 1,000 live births and in 1938 the rate was 43.8. The Bureau of Child Hygiene of the California State Department of Public Health has been active in stimulating the adoption of routine procedures throughout California that would provide safeguards against needless deaths of infants. In some communities of the state, where social and racial conditions are particularly favorable, infant mortality rates have been achieved that compare favorably with those of any communities throughout the world. The large Mexican population of California, however, precludes the possibility of reducing the state's infant mortality rate greatly.

Bad sanitary and social conditions, as well as congenital disease, makes the achievement of successful campaigns in the reduction of Mexican infant mortality extremely difficult. Approximately 15 per cent of all births in California are among Mexicans and approximately one-third of infant deaths that occur in California are in Mexican babies. In the 1938 tabulation, excluding the Mexican infant deaths, the rate of infant mortality for all races in California was a little more than 30 per 1,000 live births. In consideration of the fact that, for biological reasons, a certain proportion of infant deaths cannot be prevented, it would seem that the state infant mortality rate is fast approaching a point of stabilization, if not an irreducible minimum. Stimulated by

Social Security funds, activities in local communities for the health protection of mothers and children have increased greatly during the past year. It must be remembered, however, that the infant mortality rate, to a large extent, is affected by conditions that are not under human control and that the annual general trend of the rate is similar throughout most of the country. The activities that are directed toward the saving of infant lives are productive of results, however, in spite of the fact that congenital defects play an important part in the production of high infant mortality rates.

SMALLPOX

In 1936 there were but 2.2 cases of smallpox per 100,000 population reported in California, while in 1920 there were 127.0 cases per 100,000 population. Since the method of prevention in the control of this disease is well known and has been practiced for decades, it is clear that the control of the disease depends entirely upon the thoroughness with which vaccination is applied.

In those communities where 50 per cent of the population is vaccinated against smallpox, the disease never becomes epidemic. The remarkable reductions in the prevalence of smallpox throughout California indicate the thoroughness with which public health measures are enforced by the health officers of California. In those counties where full-time health service is established, the general population has been offered vaccination freely.

In 1937 and 1938 the smallpox case rate has risen to 10.7 and 19.0 per 100,000 population, respectively. These increases are not due to any laxity upon the part of public health authorities in California but rather to the importation of cases into the state by migratory agricultural laborers and spread of the disease in local communities. Contacts with cases in the families of migrants have contracted the disease and the increased prevalence is due to this fact. Although many cases have been brought into the state during the past few years, the State Department of Health, assisted by local health officers, has kept smallpox under control and no serious outbreaks have occurred among migratory agricultural laborers or contacts with cases in migrants. Had the resident population of California not been vaccinated against smallpox, it is certain that through contact with these itinerant cases widespread epidemics of this disease might have occurred.

California's record in the control of typhoid, smallpox, tuberculosis, diphtheria and infant mortality is outstanding and compares favorably with similar results that have been achieved in states that have made far greater expenditures in the protection of their public health. The achievement of these records has been dependent upon the efficiency of organizations and individual workers rather than upon the expenditures of vast sums of money.

The California State Department of Public Health takes justifiable pride in the activities of local health officers, public health nurses, and members of its own staff in the prevention of the diseases and savings in human lives that have come about through these coördinated activities.

CALIFORNIA RATES

	Typhoid		Smallpox		T. B.		Diphtheria		Infant Mortality
	Case	Death	Case	Death	Case	Death	Case	Death	
1920....	32.8	4.9	127.0	250.0	152.6	164.6	12.8	75.0	
1930....	13.0	1.7	54.8	197.0	98.2	53.6	3.4	58.6	
1935....	8.5	1.2	4.9	131.3	72.0	33.7	2.1	49.5	
1936....	9.3	1.1	2.2	125.9	72.2	31.4	2.0	53.0	
1937....	7.7	0.87	10.7	124.3	67.8	23.5	1.6	53.7	
1938....	7.1	0.83	19.0	115.2	60.5	24.3	1.4	43.8	

WAGNER NATIONAL HEALTH BILL: AN IMPRESSIVE MEASURE *

The Medical Society of the State of New York evidently does not think any too highly of Senator Wagner or of his so-called National Health Bill. Its *Journal of Medicine*

* Concerning Wagner Bill, see page 368.

says that, "with all due respect to the senior Senator from New York," it would characterize the bill as extremely amateurish, "did we not suspect that this veteran political strategist has purposely drawn it so vaguely that its passage through Congress would encounter the least amount of oppositional friction in its passage toward enactment." In addition to that, the publication thus speaks of the bill:

It is wholly impractical, it is almost unworkable, it is certainly extremely vague, and absolutely unsuitable from our standpoint. If enacted into law, it will bring the medical profession into such difficulties that it will take decades to extricate ourselves from them. Particularly will it be difficult to evade the bureaucratic interpretations which must be made, perforce, because the bill is full of uncertain terms, and contains too many unprecedented tentative permissive clauses.

The journal's chief complaint against the measure is that the bill does not even meet the major proposals of the National Health Conference; that it makes no provision for the establishment of adequate medical standards; that it gives too much authority to state health officers; that it places the control of medical practice under the supervision of lay heads of political bureaus; that although there is "some vaguely outlined provision calling for the development and education of medical career officials," this may mean the "experimental set-up of an educational system" which ultimately will lead to "straight state medicine." It suggests that in any scheme for the coördination of local community needs care should be taken to keep it out of the hands of a "purely political group" that will never lose sight of the effect its decisions may have upon voters.

Whatever else may be said about the stand thus taken, the *Journal of Medicine* is certainly on firm ground when it argues that legislation of such importance should be precise in its terms. Imprecision in terms is, however, the hot-bed in which bureaucracy most flourishes. No better evidence of that can be found than in the story of another piece of legislation associated with Senator Wagner's name—the National Labor Relations Act.—New York *Sun*, April 4.

WAGNER HEALTH MEASURE CALLED HUGE POLITICAL BRIBE

New York, March 31 (AP).—Frank Gannett, Rochester, New York, publisher and chairman of the National Committee to Uphold Constitutional Government, today said the proposed Wagner national health bill was "in effect a huge bribe to install politically controlled medical service."

Gannett said the act, introduced in Congress recently by Senator Robert F. Wagner (D.), New York, would "have even more damaging results than his (Wagner's) NRA and National Labor Relations Act which have promoted strife in industry and delayed recovery."

The publisher said in a statement that the measure would "put the Federal Government far into the field of medical care from which it will never retreat."

DISEASE OF POLITICS

"Using federal and state funds," he said, "it will set up government hospitals and a vast system of tax-supported medical care that may, in the end, undermine and drive out of existence all private and church hospitals and the private practice of medicine."

"So humanitarian and praiseworthy are the objectives (of the act) that one must be brutally frank to point out that the diagnosis behind them is careless and inaccurate, that the prescription is wasteful and unscientific, and that the 'cure,' instead of achieving the desired result, would infect the practice of medicine with an almost fatal disease."

"That disease is politics."

SEEN AS HUGE BRIBE

"On the face of it, the Wagner Bill does not provide for compulsory health insurance. With almost insidious deft-